



BUILDING PERMIT APPLICATION

City of Jarrell

1633 CR 305

Jarrell, TX 76537

512-746-4593

www.cityofjarrell.com

PROPERTY ADDRESS			DATE		
LEGAL DESCRIPTION	LOT NO.	BLK	SUBDIVISION	SECTION	WILCO PROPERTY

PERMIT APPLICANT NAME	MAIL ADDRESS	EMAIL ADDRESS	PHONE FAX
PROPERTY OWNER	MAIL ADDRESS	EMAIL ADDRESS	PHONE FAX
DESIGN PROFESSIONAL	MAIL ADDRESS	LICENSE #	PHONE FAX
GENERAL CONTRACTOR	MAIL ADDRESS	LICENSE#	PHONE FAX
ELECTRICAL CONTRACTOR	MAIL ADDRESS	LICENSE#	PHONE FAX
PLUMBING CONTRACTOR	MAIL ADDRESS	LICENSE#	PHONE FAX
H.V.A.C. CONTRACTOR	MAIL ADDRESS	LICENSE#	PHONE FAX

CHECK ALL APPLICABLE ITEMS:

- NEW
 ADDITION
 TENANT CHANGE
 REPAIR
 MOVE
 DEMO
 FINISH OUT
 TEMPORARY TRAILER/OFFICE
 REMODEL
 ACCESSORY BUILDING
 SWIMMING POOL
 DECK/PATIO
 PATIO COVER
 POOL/SPA
 WATER SOFTENER
 WATER HEATER
 HVAC REPLACEMENT
 FENCE
 OTHER

PROPOSED USE:	ZONING DISTRICT:	CONSTRUCTION TYPE: (IF APPLICABLE)	LOT DIMENSIONS: (IF APPLICABLE) FRONTAGE DEPTH
COST OF CONSTRUCTION:	FOR ADDITIONS: EXISTING SQ FT: PROPOSED SQ FT:	FOR DECKS, ACCESSORY BUILDINGS, PATIO COVER AND POOLS DIMENSIONS:	
BUILDERS REGISTRATION NUMBER (IF APPLICABLE)		ANY PORTION IN EASEMENT?	ALL ACCESSORY BUILDINGS, DECK, POOL, SPA MUST INCLUDE STAMPED SURVEY INDICATING LOCATION OF PROJECT ALONG WITH THE PROPOSED CONSTRUCTION PLANS.

DESCRIBE WORK

This is a one-permit system; separate permits are not required for electrical, plumbing, heating, ventilating, or air conditioning. An additional electrical permit is required ONLY when the project is not new. This permit becomes null and void if work or construction authorize is not commenced within 6 months.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HERIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OR CONSTRUCTION.

Signature of Contractor of Authorized Agent

Printed
Name

Date

Signature of Owner (If Owner Builder)

Printed
Name

Date

APPLICATION RECEIVED:	PLANS REVIEW BY:	PERMIT NO.	CUSTOMER NO.	ACCT NO:	LOT NO.
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	CHECK NO.	NOTES:		